

Info Overview re: Use of Respirators and Other Face Coverings

Type of Facial Protection	When to Use	Reason	Considerations	Limitations	Usage
Respirator (e.g. N95, KN95, P100)	When assisting with aerosol generating medical procedures that generate droplets/aerosols, e.g. such procedures as suctioning, non-invasive positive pressure ventilation (CPAP, BiPAP), high flow oxygen therapy, administering nebulizer medications (if person is unable to switch to metered-dose inhalers with spacer).	To protect both the person and caregiver or support professional from the transfer of microorganisms, body fluids, and particulate materials. E.g. the respirator contains coating technologies unrelated to filtration to reduce and or kill microorganisms).	Conservation strategies are required for limited supply. Commercial and medical-grade N95 respirators appear similar but differ in manufacturing and quality management – i.e. commercial N95 respirators are not tested for fluid resistance but care providers may use commercial-grade N95 masks during COVID-19 outbreak if alternatives are not available.	Depending on circumstances, fit-testing may not be available.	Labelled as single-use; (*potential for limited re-use – see references in Resources section.) Requires fit-testing for size that fits the user's face. Some respirators such as the P100 can be sanitized, methods vary depending on brand. Please see references for details from the CDC
Surgical or Face Masks	If close contact, e.g. providing direct care to a person, being less than 2 metres or 6 feet with the person, e.g. providing direct care, use face mask as part of full Droplet and Contact Precaution Personal Protective Equipment (PPE).	To provide a physical barrier that helps prevent transmission by blocking respiratory droplets propelled by coughing, sneezing and talking.	Conservation strategies are required for limited supply. Not all face masks are regulated as medical-grade masks. Surgical/ face masks are made in different thicknesses and with different protective properties. Risk of contamination with improper doffing (removal).	Not appropriate protection for assisting with aerosol generating medical procedures.	Labelled as single-use.
Cloth or Fabric Face Coverings	Worn in public settings (e.g., grocery stores	To slow transmission,	Maintaining 6-foot social distancing remains	May contribute to decreased attention	Should be well fitted but comfortable over

	and pharmacies).	including asymptomatic transmission, to others.	important to slowing transmission. This involves lower cost and more easily accessible materials with potential benefit of additional protection. Face masks need to have multiple layers of fabric. There is some evidence for using additional layers that contribute to filtration efficiency, e.g. inserting non-woven interfacing between 2 layers of cotton fabric. Multiple layers of fabric still need to allow for breathing without restriction. Some persons may require close monitoring with cloth masks made with ties as they may be a choking hazard.	to other critical measures including social distancing. There is limited evidence for efficacy and may not completely protect. Cloth/fabric face coverings should not be placed on young children under the age of 2 years, or people who could have complications due to difficulty breathing, or unconscious, or unable to remove the mask without assistance.	the nose and mouth, secured with ties or ear loops. Cloth/fabric masks could be laundered, and machine dried for re-use.
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Suggested Recommendations re: Face Coverings

All face coverings should be worn correctly, including being applied and removed in compliance with infection control and Personal Protective Equipment (PPE) best practices, including proper sequence, handling, storage/disposal of equipment, limiting surfaces touched, performing hand hygiene appropriately and environmental disinfection standards. If working in an outbreak house, staff should wear correct and full droplet/contact PPE as directed by the local public health unit.

Universal Masking Suggestion

In York region, there has been a high rate of outbreaks. York region public health advised group home staff and essential visitors to wear a procedural/surgical mask at all times even when the home is not in outbreak. During breaks staff were told they could remove their

procedural/surgical masks but must remain 2 meters away from other staff. Masks needed to be placed in a clean place and precautions taken to prevent contamination while donning and doffing. Mask were changed when they became damp or soiled. If staff were caring for a client with suspected or confirmed COVID-19, full PPE for droplet/contact precautions were used.

Refer to Public Health Ontario document: [Universal Mask Use in Health Care Settings and Retirement Homes](https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-universal-mask-use-health-care-settings.pdf?la=en) for more thorough guidance.

Note Regarding Accommodations re: Masks

When working in an outbreak home, staff are often required to wear full droplet/contact personal protective equipment. However, some individuals may require accommodations for medical purposes, for example, difficulty breathing. In these instances, agencies could work with staff, their health care providers, and local public health units to determine the best accommodation around personal protective equipment for these staff members.

Hearing impaired staff may experience hindrances when communicating with colleagues wearing masks. There is some availability of masks with clear shields to allow for lip reading to help hearing impaired staff with communication.

<https://www.theclearmask.com/product> or this FDA approved product <https://safenclear.com/>

Resources

Association for Professionals in Infection Control and Epidemiology. (2015). Do's & Don'ts for Wearing Procedure Masks in Non-Surgical Settings. Retrieved from:

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National Institute for Occupational Safety and Health (NIOSH). (2020). Pandemic Planning: Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings. Retrieved from: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). 2019-nCoV – What We Know So Far About...Wearing Masks in Public. Toronto, ON: Queen’s Printer for Ontario.

Guidance for mask use in long-term care homes and retirement homes (2020)
<https://orcaretirement.com/members/wp-content/uploads/2020/04/Guidance-for-Mask-use-in-LTC-and-RH-2020-04-15.pdf>

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